Published in final edited form as:

Mus Hist J. 2012 January ; 5(1): 7–28.

Remains of War: Walt Whitman, Civil War Soldiers, and the Legacy of Medical Collections

Lenore Barbian, PhD,

Department of History and Anthropology, 146 Hendricks Hall, Edinboro University of Pennsylvania, Edinboro, PA 16444, lbarbian@edinboro.edu

Paul S. Sledzik, MS, and

20809 Amber Hill Ct., Germantown, MD 20874, psledzik@gmail.com

Jeffrey S. Reznick, PhD

History of Medicine Division, National Library of Medicine, National Institutes of Health, 8600 Rockville Pike, Bethesda, MD 20894-3819, jeffrey.reznick@nih.gov

Abstract

The National Museum of Health and Medicine holds a collection of anatomical specimens from nearly 2,000 soldiers injured during the American Civil War. Originally collected as part of a study of trauma and disease during war, these specimens have been museum artifacts for over 140 years. During this time, they have been displayed and utilized in an array of interpretative strategies. They have functioned as medical specimens documenting the effects of gunshot wounds and infection to the human body, as *mementos mori* symbolizing the refuse of a nation divided by war, and as objects of osteological and forensic interest. The museum's curators recently discovered four of these specimens from soldiers who the poet and essayist Walt Whitman nursed in the wartime hospitals of Washington, DC. Uniting these remains with Whitman's words yields a new interpretation that bears witness to individual histories during a time of unprecedented conflict in American history.

Introduction

In 1862 United States Surgeon General William Hammond directed medical officers to initiate an unparalleled project commensurate with the unprecedented events of the day, namely to

collect and to forward to the Office of the Surgeon General all specimens of morbid anatomy, surgical or medical, which may be regarded as valuable; together with projectiles and foreign bodies removed; and such other matter as may prove of interest in the study of military medicine and surgery. These objects should be accompanied by short explanatory notes.¹

Responding to Hammond's call, Union Surgeons collected and forwarded specimens derived from routine medical procedures performed on the sick, from surgical operations conducted on the wounded, and from autopsies. Specimens were also collected from battlefields and occasionally from the graves of the soldiers. These specimens of morbid anatomy alongside durable medical equipment and pre- and post-operative photographs and medical illustrations of wounded soldiers formed the foundation of the Army Medical Museum (AMM) which is today known as the National Museum of Health and Medicine (NMHM) currently located on the Walter Reed Army Medical Center in Washington, DC. The NMHM is one of the few publicly funded American museums that still collects and displays human remains.

The impetus for this manuscript followed the reading of Roy Morris' *The Better Angel*² in which Morris ties the development of Whitman's Civil War writings to his experiences of caring for wounded soldiers. Morris' discussion of these soldiers treated by Whitman and Whitman's own writings about these soldiers prompted the authors – then curators at the NMHM – to explore the collections for evidence of these soldiers. A search revealed specimens from four soldiers – Mahay, Wilbur, Cunningham, and Irwin – still housed within the museum. Recently much has been written about human remains as a special category of objects that are inherently both person and object and instilled with a host of conflicting concerns.³ Concurrent with the interest in the meaning of human remains has been an acknowledgement that museum objects in general are not static objects of scientific merit but experience changes in context and meaning through time.⁴ The remains of these men are of particular interest due to their journey in context and in meaning they have experienced.

Since their collection more than 140 years ago, the Civil War specimens have been imbued with multiple cultural meanings. They have been the specimens of morbid anatomy that detailed the medical history of the Civil War. As museum objects they have been catalogued, prepared for display, and preserved for future generations. As Civil War relics, they have become the *mementos mori* for generations of museum visitors who see not only the bone fractured by a gunshot wound but also the symbolic refuse of a nation divided by war. In storage their role has been as data – to be photographed, measured, described, compiled into databases, and made available to researchers who mine them as a source of scientific and historical information. Until now, we have had only medical accounts to describe and interpret these specimens. Now through Whitman's writings we have a contrasting description of the care afford these men written by someone not a member of the medical profession. In addition, Whitman offers us additional previously unknown information – glimpses into the pre-war lives of these men, reflections upon their character, and a powerful witness to their suffering and sacrifice.

Specimens of Morbid Anatomy

The specimens of morbid anatomy that Hammond called for were sent to Washington where these specimens were catalogued, prepared, and mounted to ensure their long term preservation. The “short explanatory notes” that the doctors were instructed to supply formed the original accession file for each specimen and contained the name, regiment, and rank of the patient; dates of injury, treatment, and, when appropriate, death; the battle at which the soldier was injured and the location of their treatment. Some surgeons included information on the course of treatment or detailed descriptions of the injury.

The original catalog of the AMM was published in 1987 and contained descriptions of approximately 4000 of the over 6000 bony specimens that were collected during the Civil War. After the war, between 1879 and 1888, the full record of these all the specimens, artifacts, and images collected during the war appeared in the six volumes of *The Medical and Surgical History of the War of the Rebellion* (MSHWR).⁵ The MSHWR is a seminal study in American medicine. Similar to other large-scale 19th century scientific works presenting the collection and tabulation of data from the natural world, the MSHWR viewed the war as a “natural experiment” that afforded large amounts of medical information to be amassed. In this light, the MSHWR can be viewed as the first large-scale epidemiological study undertaken in the United States. Brinton, the first curator, saw the goal of the MSHWR and the museum was “not for the collection of curiosities, but for the accumulation of objects and data of lasting scientific significance, which might in the future, serve to instruct generations of students, and thus in time be productive of real use.”⁶

Mementos Mori

To claim that a collection of human remains functions as *mementos mori* may seem to be self evident. However while “human remains are not just another artifact; they have potency, they are charged with political, evidentiary, and emotional meanings,” they “can also be quite mundane, such as classroom anatomical study collections.”⁷ The difference is in the story of the specimen itself. Indeed, the several small bone fragments of Abraham Lincoln’s skull exhibited at the museum are imbued with more historical and personal potency than the hundreds of anatomical specimens in the same collection. By definition, museum collections of body parts that have been removed from or denied burial in whatever form the culture has deemed meaningful and sacred. As such they represent “recontextualized” human remains preserved for an alternative function.⁸ Certainly the Civil War Collection was recontextualized as “specimens of morbid anatomy” to serve a scientific and educational purpose, but we suggest that the collection was also recontextualized to serve as a memorial to all the Civil War wounded and killed, whether that context was intentional or not.

We are not the first to argue that these specimens of morbid anatomy were seen by contemporaries as having more than scientific or educational merit. Indeed, it appears that the cultural meaning of this collection was not lost upon those original collectors or the post-war public. The fourth curator of the AMM, Dr. John Shaw Billings, noted that the specimens served more than a purely scientific or medical purpose:

the museum specimens coming as they do from the sick and wounded of both armies, and contributed by both Union and Confederate surgeons, enforce the lesson of the unity of the profession and of its interests, as well as that of our country.

¹⁰ The specimens of morbid anatomy collected by Army surgeons and forwarded to Washington were not the dry bone specimens that comprise the collection today. Instead, the amputated body parts were wrapped in cloth and packed into barrels. These fleshy specimens were then prepared by museum technicians into dry specimens, mounted on wooden frames embellished with floral medallions, duly identified with their catalog number, and displayed in glass cabinets. This strategy of collection, preparation, and display is noteworthy for several reasons as it establishes the collection as a collection of *memento mori*.

Parker Pearson¹¹ drawing on the work of Hertz¹² has argued that the physical transition from corpse to the dry bone reflects a concurrent metaphysical transformation that turns the dead into sacred ancestors. This theme of bodily transformation is also echoed in the tradition of medieval relics that encased fragments of saints’ body parts in precious metals, adorned them with costly jewels or displayed the body parts on artistically rendered wooden mounts.¹³ In both these examples, the corpse or a part of the corpse is not by itself sufficient to serve as a memorialization of the dead. Rather the corpse must undergo some process of transformation in order to function as a *memento mori*. While the intention of the curators at the AMM may have initially been to prepare the collected body fragments for proper scientific research, they nonetheless emulated the processes used for millennium to honor the dead – preparation to bony elements and artistic display of the remains.

In fact, these specimens of morbid anatomy were available to the interested public almost from the beginning. The AMM was first housed in the Riggs Bank Building, and within a year, the collection was daily used by the military and civilian medical community.¹⁴ Despite frequent changing locations for the next four years, the AMM experienced a constant increase in the number of visitors to the collections.¹⁵ Following Lincoln’s assassination, officials moved the AMM to Ford’s Theater in 1866 and remodeled the

theater to house the museum and its collections. Like many museums of its day, the exhibit strategy was to display the entire collection to the visiting public in “long rows of glass cases, in which are exhibited to the glance of the curious the prepared specimens of anatomy and osteology.”¹⁶ The association of the Civil War human remains with the site of the assassination of Lincoln was not lost on the visiting public. Mary Clemmer Ames remarked that Ford’s Theater “should be consecrated to a national purpose. None could be more fit than to make it the repository of the Pathological and Surgical results of the war.”¹⁷

The museum was a place that invoked strong emotions and reflections upon the Civil War. According to Ames, the AMM was “to the unscientific mind, especially to one still aching with the memories of war, it must ever remain a museum of horrors.”¹⁸ Ames sentiments were shared by Congressman Clarkson Nott Potter of New York. More than two decades after the beginning of the Civil War, Potter opposed the establishment of a new, permanent Washington location for the Army Medical Museum on the grounds that he disagreed with the “preserving of the *relics* and bones or wounds caused by the war at any place in our capital.”¹⁹

Whether considered a fitting tribute or a painful reminder of the war dead, it is clear that the Civil War human remains were more than “simply bottled or mounted human scientific specimens,”²⁰ and the collection remains so today. Every year, visitors make a pilgrimage to the NMHM to see the mortal remains of two of the most famous Civil War figures on display – Abraham Lincoln and Daniel S. Sickles. Others contact museum staff about the remains of family members that oral history has told them reside among the museum’s collections.²¹

Civil War Soldiers and Contemporary Research

While the majority of the collection today remains in storage, it nonetheless plays a vital role in the function and purpose of the museum. It was Brinton’s original hope that the collection would serve as a source of scientific “data” and be of “real use,”²² and he would not be disappointed to learn of the multiple uses the collection has seen since his curatorship. In the early 1990s, DNA extraction from “ancient” bone – bone more than a year old – was rarely successful. An analysis using bone fragments from eight of the Civil War specimens was instrumental in developing successful mitochondrial DNA (mtDNA) extraction techniques for “ancient” bone.²³ One of the “real” uses of this technology is in the identification of missing and killed in action US servicemen from Vietnam, Korea, World War II and even World War I. In fact, the identification of the Vietnam Unknown Soldier as Air Force pilot Lieutenant Michael Blassie and the identification of hundreds of other 20th century servicemen and women were made possible using this collection of 19th century soldiers who had never heard of DNA.²⁴ A recent study²⁵ used the Civil War crania as a source of data regarding the timing of bone healing. The detailed records associated with the collection allowed the time lapsed since injury to be calculated. By correlating this information with the gross appearance of the skull injury, it is possible to estimate how soon before death an injury likely to have occurred – an application with important forensic implications, especially in child abuse and human rights cases. These are just two examples of how researchers from diverse disciplines have utilized the Civil War collection for genealogical studies, military and regimental histories, or anthropological studies focusing on bone pathology and trauma.

Walt Whitman and His Soldiers

Walt Whitman came to Washington in 1863 in search of his brother, George, whose name was listed on a newspaper casualty roster from the battlefield at Fredericksburg, Virginia (Figure 1). After searching in nearly forty Washington hospitals, Whitman traveled to Fredericksburg to find George’s unit. There he found his brother alive and having only

suffered a superficial facial wound. However, Whitman's personal relief quickly turned to horror as he observed the human costs of battle. "I notice a heap of amputated feet, legs, arms, hands, &c.," Whitman wrote in his wartime journal, "a full load for a one-horse cart."²⁶ They were "human fragments, cut, bloody, black and blue, swelled and sickening"²⁷ (Figure 2). He believed this scene represented the future of American democracy being amputated and killed, and this experience drove him to visit Washington's hospitals to nurse the sick and wounded. Whitman consoled soldiers by writing down their stories, writing letters for them, giving them small gifts, holding them, and comforting them through conversation. His purpose, he wrote, was to "[give] some trifle for a novelty or change—anything, however trivial, to break the monotony of those hospital hours."²⁸

Other authors have studied the profound effect the events of the Civil War had upon both Whitman's writings and the man himself.²⁹ So profound were Whitman's writings that he has been considered the chief mourner on behalf of the nation. However, Whitman did not only mourned the dead; he provided a record of the suffering the wounded.³⁰ Our focus is on this record of suffering and how Whitman's accounts can augment and illuminate four specific museum artifacts – namely the skeletal specimens from Oscar Cunningham, Frank Irwin, and Oscar Wilbur, and the urinary calculi removed from John Mahay. These human remains have also been described and interpreted by other individuals during their journey from living individual to medical specimen to museum artifact. The accession files for these specimens contain original notes and reports from the Army surgeons who attended and treated these men and submitted the specimens to the AMM. The original catalogue of the museum's anatomical specimens,³¹ and the *Medical and Surgical History of the War of the Rebellion* present the interpretations of the medical profession and museum curators. In this discussion, we draw upon these sources and unite their descriptions with those provided by Walt Whitman in order to gain a broader perspective on the personal histories of these specimens.

"The Ohio Boy": Private Oscar Cunningham

On 2 May 1863, during the battle of Chancellorsville, Private Oscar Cunningham of the 82nd Ohio Infantry received a gunshot wound to his right thigh that resulted in a compound fracture of the femur. Although the bullet was extracted at Armory Square Hospital on June 15th, extensive abscesses formed after the procedure, and on 2 May 1864, Cunningham's leg was amputated. Despite the treatment he received from U.S. Army Surgeon D. W. Bliss and the care of Walt Whitman, Cunningham died on 5 June 1864. Dr. Bliss contributed the specimen along with his notes concerning this case. Once received by the AMM, Cunningham's femur was catalogued as specimen 2254 of the Surgical Section (Figure 3).

The AMM catalog entry for this case is not unusual in its clinical style. The entry describes the damage to the bone caused by the gunshot wound while details of the patient are generally absent. The femur is described as being "obliquely fractured at the junction of the lower thirds."³² Dates of Cunningham's injury, amputation, and death are absent in the original entry, and the fact that he survived for a year with such an injury prior to amputation are not noted. However, the appearance of the specimen makes it evident that significant time had elapsed prior to the amputation of the damaged limb. The femur is "partly consolidated with much shortening. The new bone formation firmly retains the fragments, and is sufficiently rounded to indicate the lapse of considerable time. The adjacent surfaces of the old bone are, at places, carious."³³

In the MSHWR, specimen 2254 is relegated to a summary table along with 55 other cases of secondary amputation of the upper femur. Although Cunningham's injury was not deemed worthy of a more detailed description, the table does reveal Cunningham's identity, his

regiment, age, and the dates associated with his injury, treatment, and subsequent death. In this perspective, Cunningham's amputated limb represent a statistic – one fatality among the 55 cases of secondary amputation of the upper femur.

In contrast to the AMM catalog and the MSHWR entries, the surgeon's report submitted by Bliss offers on another aspect of the medical perspective. Bliss³⁴ places the specimen firmly in the context of the operation. Bliss's report on Cunningham's case describes a double lateral flap amputation in which a number of blood vessels had already been compromised by infection. Bliss notes details of the specimen that might be lost with the subsequent preparation of the femur but are evident to the surgeon. "There was found some necrosis indicated before operation by the appearance of the sinus affecting the calus [sic] only – not extending to the medullary canal. The union was complete. The fragments overlappis [sic] about 2 inches." In submitting Cunningham's amputated femur, Bliss the surgeon is assured that the skillful operation he performed will be documented and remembered and that his obligation to the collection program initiated by Hammond was fulfilled. However, Bliss the doctor can still show compassion and concern for his patient. Cunningham suffered from "suppurative and irritative fever" prior to the operation, and Bliss is hopeful that he will make a successful recovery. "Since the operation the patient has been doing well although threatened with erysipelas in the stump. Hope is entertained of a successful result – without it he was exposed to a fatal issue."³⁵

Bliss was right to be concerned with the threat of erysipelas in Cunningham's case. A surgeon's first duty was to stop the hemorrhage associated with a gunshot wound; the second was to control the spread of infection. Although the causes of infection would not be understood until well after the Civil War, surgeons on both sides knew that foreign matter in wounds increased the chances of the wound becoming infected so doctors attempted to thoroughly clean wounds and to remove damaged tissue. In fact, amputation can be considered as the ultimate form of wound debridement.³⁶ Despite their best efforts, Civil War surgeons generally could not stop the almost inevitable onset of infection. Their surgical interventions usually left some contaminated tissue in the wound or introduced infection causing bacteria. Pus is a common sequel of infection, and much has been made of the Civil War use of the term "laudable pus." Laudable pus – most likely resulted from less deadly staphylococcal infections – refers to pus that was thick, cream colored, and generally did not smell. In contrast, pus that was thinner, blood tinged, and malodorous was referred to as malignant or "ichorous" pus. Malignant pus predicted a worse outcome – often pyemia or "blood poisoning" and death. Civil War surgeons were greatly concerned with preventing the spread of either type of pus. Erysipelas or streptococcal infections were particularly worrisome because the infection could spread quickly beneath the skin and pass into the bloodstream where it became pyemia. During the Civil War, 92% of the soldiers who developed pyemia died.³⁷ Given the deadly nature of Civil War infections, Bliss' words may seem to be a bit overconfident, but it is a sentiment that Whitman initially also shares. On 6 May 1864, Whitman writes to his mother, "Cunningham, the Ohio Soldier, with leg amputated at thigh, has pick'd up beyond expectation; now looks indeed like getting well."³⁸ However, as Whitman continued to care for the soldiers of Armory Square Hospital, he witnesses a very different outcome for Cunningham. By 10 May 1864, Whitman tells his mother that Cunningham "has had a relapse, I fear it is going bad with him . . .,"³⁹ and on the 25th of May Whitman reports that Cunningham "is rapidly sinking, said to me yesterday, O if he could only die. . . ."⁴⁰ It is in early June when Whitman reports to his mother that Cunningham has finally passed away, and it is through these writings to his mother that Walt Whitman allows us to see Oscar Cunningham. He is young, a "boy," although large in size and stature and symbolizing for Whitman all that is good and "noble" among the manhood of the nation. It is a tragedy that would touch the most hardened heart to see this exemplar of young manhood suffering. Whitman states, "I have just left Oscar

Cunningham, the Ohio boy—he is in a dying condition—there is no hope for him—it would draw tears from the hardest heart to look at him—his is all wasted away to a skeleton, & looks like some one fifty years old . . . ”⁴¹ It is also through Whitman’s writing that we learn something of Cunningham’s death. “I was with him Saturday forenoon & also evening – he was more composed than usual, could not articulate very well – he died about 2 o’clock Sunday morning – very easy they told me, I was not there – It was a blessed relief, his life has been misery for months.”⁴²

Whitman’s “New York Soldier”: Private Oscar Wilbur

Private Oscar Wilbur of the 154th New York Infantry was wounded at the battle of Chancellorsville on May 3, 1863 by a shell that fractured his femur. Left unattended on the battlefield for ten days, he was carried to Aquia Creek Hospital where he was treated for 42 days. On June 14th he was transferred to Armory Square Hospital in Washington, DC. Wilbur suffered from constant nausea, and his condition failed to improve. He died on July 31, 1863.

Dr. D. W. Bliss contributed Wilbur’s femur to the AMM along with his notes on Wilbur’s case (Figure 4). In marked contrast to his report on Cunningham, Bliss’ report on Wilbur’s injury focuses on the condition of the soldier when he was brought into Armory Hospital. According to Bliss, Wilbur was “was very much prostrated. Stomach became very irritable constant nausea. He grew gradually worse and died from exhaustion, July 31.”⁴³

Bliss offers no details about the treatment he prescribed for Wilbur, and there is no evidence that any surgical procedures had been attempted either by Bliss or prior to Wilbur’s arrival at Armory Square Hospital. Neither does Bliss offer an explanation for his decision not to operate. Civil War surgeons knew that secondary amputation – amputations conducted more than 48 hours after injury – had a higher mortality rate.⁴⁴ However, Bliss was compelled to amputate in Cunningham’s case because he was certain that without his surgical attention, Cunningham was sure to die. In Wilbur’s case, perhaps Bliss was reluctant to perform a complicated amputation procedure on a patient in such poor condition. Wilbur’s injury would have necessitated amputation at the thigh joint, a procedure that had seen 100% mortality in the both the Crimea and Franco-Prussian Wars.⁴⁵ Statistics compiled after the Civil War demonstrated that Union surgeons were more successful with this operation, but mortality rates still surpassed 80%.⁴⁶

Once submitted to the AMM, Wilbur’s femur was catalogued as Surgical Section specimen 1534, and it was included in the first published catalog of the Surgical Section. The catalog entry for specimen 1534 describes a femur “obliquely fractured” and “bruised at the base of trochanter.” As was the practice in the catalog, Oscar Wilbur is identified only by his initials, and his rank, regiment, and age are also noted. Wilbur’s survival of his injury for more than two months is not explicitly stated, but the description testifies to a serious wound that failed to heal. “There is a fringe of spongy callus without union. The specimen bears the mark of much suppuration and it appears as though some of the new bone had been lost.”⁴⁷

Significantly, Oscar Wilbur’s case does not appear to be among the tens of thousands contained in the MSHWR. Unfortunately, this rich and comprehensive rendering of disease, injury, and death during the Civil War adds nothing to our knowledge of Oscar Wilbur’s injury or history.

Through Walt Whitman, however, we learn that Wilbur was a young soldier, deeply religious, and unafraid to die.

“He asked me to read him a chapter in the New Testament. I complied, and ask’d him what I should read. He said, ‘Make your own choice.’ I open’d at the close of one of the first books of the evangelists, and read the chapters describing the latter hours of Christ, and the scenes at the crucifixion. The poor, wasted young man ask’d me to read the following chapter also, how Christ rose again. . . . He talk’d of death, and said he did not fear it. I said, ‘Why, Oscar, don’t you think you will get well?’ He said, ‘I may, but it is not probable.’”⁴⁸

It is also Whitman who documents Wilbur’s wound and accompanying intestinal distress. In Whitman’s testimonial, Wilbur is suffering from “chronic diarrhoea” that had “prostrated him” and his wound “discharg’d much.” Although his suffering caused Wilbur to become a “poor, wasted young man,” Wilbur still “behaved very manly and affectionate. The kiss I gave him as I was about leaving he return’d fourfold.”⁴⁹

Whitman’s “Pennsylvania Soldier”: Corporal Frank Irwin

Corporal Frank H. Irwin, 93rd Pennsylvania Infantry, received a gunshot wound to his left knee during the battle of Fort Fisher, Virginia on 25 March 1865. Within three days, he was transferred to Armory Square Hospital where Bliss amputated his leg on April 14th. Asst. Surgeon M. J. Munger contributed the amputated limb to the AMM that April where the femur was assigned number 4077 of the Surgical Section (Figure 5). Irwin died from pyaemia on May 2nd.

Like Cunningham, Irwin received care at Armory Square Hospital from Bliss, and his femur was contributed to the AMM while he was still alive. The report accompanying Irwin’s amputated limb appears to have been written by Asst. Surgeon Munger, and it is starkly impersonal compared to the reports of Bliss. Although Irwin was hospitalized for seventeen days prior to his amputation, the record contains no details of his condition or treatment. Instead the record is comprised of an impersonal description of the gunshot wound recounted in completely anatomical terms, down to the length of the fracture of the femur. “From this point a fissure extended upward and backward through the outer wall of the shaft for a distance of five inches terminating in the linea aspera.”⁵⁰ Absent are the details Bliss provided for the other cases. Munger does not tell us about the condition of the patient. We do not know if Irwin was irritable, suffered from nausea, or ran a fever. Also missing are any expression of hope for a recovery or painful admission of a lost patient – a recounting of the details of Irwin’s injury that is echoed in the 1866 catalog. “The lower portion of the left femur, fractured by a conoidal ball which entered the joint near the patella, passed upward, grooving the anterior face of the bone, in which it lodge, longitudinally exposed, and caused an oblique fissure for several inches.”⁵¹

As with the previous two cases, Irwin’s case was deemed not of sufficient interest to warrant a detailed description in the MSHWR. Once again, we find that only that the basic information – name, regiment, age, and dates of injury treatment and death – is presented in a summary table along with the statistics for 54 other men who suffered a similar injury to their leg. Like the surgeon’s report contained in the accession file, the tabular entry in no way conveys any details about the patient or how he responded to treatment. The only information that we can learn from the MSHWR is that Irwin received a circular amputation performed by Dr. Bliss.

Despite the brevity of medical information, Irwin’s life in the hospital is memorialized by Whitman in *Specimen Days* as the “Pennsylvania Soldier.” Whitman’s account of Irwin reveals details of his medical condition, his thoughts and behavior and what they reveal about Irwin’s character. In his delirium, Irwin is often concerned about his reputation and what his comrades-in-arms might be thinking about him. He gives advice and long counsel

to friends and family members not present. Despite the difficult situation Irwin faces – suffering from a mortal wound and in the care of strangers – Irwin comported himself with courage, composure, and an amiable disposition. To Whitman, these are traits of an honorable man who must have lived a good life.

I do not know his past life, but I feel as if it must have been good. At any rate what I saw of him here, under the most trying circumstances, with a painful wound, and among strangers, I can say that he behaved so brave, so composed, and so sweet and affectionate, it could not be surpass'd. And now like many other noble and good men, after serving his country as a soldier, he has yielded up his young life at the very outset in her service.⁵²

Perhaps Whitman includes these details because he is writing this account to Irwin's mother, and he wishes to offer her words that will give her comfort. Indeed, Whitman states that he hopes that his words may be "worthwhile" to her. Perhaps too, it is the reason that Whitman's account of Irwin's case is the longest and the most personal of the four examined here. In this account, Whitman not only witnesses the young man's suffering and praises the character of the soldier so manly bearing a painful and ultimately mortal wound, but he unreservedly states that he "loved" Irwin only to immediately lose him. His words were sure to convey empathy with the grieving mother and hoped to bring her some comfort.

DEAR MADAM: No doubt you and Frank's friends have heard the sad fact of his death in hospital here . . . I thought perhaps a few words, though from a stranger, about your son, from one who was with him at the last, might be worth while—for I loved the young man, though I but saw him immediately to lose him. I am merely a friend visiting the hospitals occasionally to cheer the wounded and sick.⁵³

"A Case from Second Bull Run": Private John Mahay

Private John Mahay, 101st New York Infantry, was shot in the groin during the second battle of Bull Run on 29 August 1862. He was taken to Armory Square Hospital, and during the course of his treatment, Mahay passed several pieces of bone through his urethra. The entrance and exit wounds made by the bullet never healed and began to discharge pus, blood, and urine. In September 1863, Mahay began to weaken, and he died on October 24th. During a post-mortem examination, two urinary stones were discovered that nearly filled his bladder. They were removed, sent to the AMM, and were catalogued as Surgical Section specimen 2567 (Figure 6). The injured bladder along with a portion of Mahay's hip bone was also submitted to the AMM and catalogued as Surgical Section specimen 1758 although it no longer resides in the museum's collections (Figure 7).

The records associated with Mahay's case contrast remarkably to those of the previous three cases. The accession file is filled with documents accounting Mahay's physical condition following the injury as well as a detailed description of the two calculi recovered from Mahay including the shape, weight, and composition of the specimens. A complete page in the MSHWR is dedicated to Mahay's case including woodcuts of the entrance and exit wound, Mahay's bladder and fractured pelvis, and a fragment of necrosed bone that Mahay expelled through his urethra.

Despite the thorough documentation in this case, no surgeon's report remains in the accession file. However, a report by Dr J. H. Brinton, curator of the AMM, who visited Mahay on 3 January 1863, is present. In this account Mahay's gunshot wound is described in great detail. "[The] ball entered just over the horizontal ramus of pubis one and one fourth inches from medium line, passed through bladder and emerged posteriorly. . . ."⁵⁴ Precise details are given regarding the passage of urine and feces from the wound, the size of the abscess that formed, and the number of bony fragments that were passed. While detailed in

its description of the wound and its sequel, less attention is given to Mahay himself although Brinton does note that Mahay, “[c]omplaints of constant pain in head of penis, sighing much.”⁵⁵

In the MSHWR, the description of the case is one of the most detailed and includes not only an account of the case by Bliss, who is the donor of record for the specimens, but also notes from Brinton. Both doctors, although clearly intrigued by the case, do acknowledge and document the human suffering that accompanied such a significant wound. Bliss comments, “he has never been perfectly free from pain.”⁵⁶ Similarly, Brinton noted that “[h]e complains of pain at the anterior wound when he draws a long breath, and of constant pain in the glans penis.”⁵⁷

Included in the accession file is a report entitled “Physical description and micro-chemical examination of a vesical [sic] calculus specimen no. 2567 Surg. Sec. Army Med. Museum” by J. E. Cheney dated August 11, 1873. This analysis of the two calculi includes a comprehensive description of their gross appearance, an examination of the interior morphology following sectioning of the specimens, and analysis of thin sections that were heat treated and attempted to be dissolved in both boiling water and ammonia. In a similar vein, the original catalogue entry for specimen 2567 focuses on a description of the calculi, and little case information other than the calculi were removed from “a man who had suffered a gunshot wound directly through that organ”⁵⁸ are given.

The perceived medical significance of the case is evident by the extensive documentation contained in the accession file and published in the MSHWR. Besides the reports of Bliss and Brinton, the case was written up in a casebook of Armory Square hospital although the author did not identify himself, and two acting assistant surgeons employed at Armory Square hospital published their own accounts of the case. Dr. W. H. Butler published his account in the *Buffalo Medical and Surgical Journal* in 1864 and Dr. H. A. Robbins’ account appears in the 1868 *American Journal of Medical Science*.⁵⁹

Despite these extensive and detailed accounts of this case, it is Whitman who reveals the personal details of the case describing Mahay’s pain and suffering. “The water ran out of his eyes from the intense pain, and the muscles of his face were distorted, but he uttered nothing except a low groan now and then.”⁶⁰ Whitman also offers his own, graphic description of Mahay’s injury.

A bullet had shot him right through the bladder, hitting him front, low in the belly, and coming out back. He had suffer’d much – the water came out of the wound, by slow but steady quantities, for many weeks – so that he lay almost constantly in a sort of puddle – and there were other disagreeable circumstances.⁶¹

It is also Whitman who lets us have a brief glimpse into the sad life of John Mahay. Here we learn John was an orphaned child who suffered abuse throughout his life only to suffer terribly following his wounding at the second Bull Run. It is through also through Whitman that we learn something of the character of Mahay and that his passing did not go unnoticed in the hospital. Whitman recalled Mahay’s life and death in *Specimen Days*:

He never knew the love of parents, was placed in his infancy in one of the New-York charitable institutions, and subsequently bound out to a tyrannical master of Sullivan County, (the scars of whose cowhide and club remained yet on his back.) His wound here was a most disagreeable one, for he was a gentle, cleanly, and affectionate boy. He found friends in his hospital life, and, indeed, was a universal favorite. He had quite a funeral ceremony.⁶²

Conclusion: Touchstones of the American Experience

The specimens of Cunningham, Irwin, Wilbur, and Mahay exist in different cultural realms. As medical cases, they represent four individuals among tens of thousands whose cases are documented in the MSHWR and among the thousands that reside in the museum's collections. In this capacity, they serve as evidence of medical care during the war. Indeed, they are what Hammond requested from his surgeons – “specimens of morbid anatomy.” However, these four soldiers, treated by Bliss and cared for by Whitman, are also young men suffering from wounds received in battle. Their individual stories would have been lost to us save for the words and images Whitman provides.

Whitman comforted and cared for the broken bodies of the young men who were being sacrificed to the cause of national unity. By publishing his experiences with these men in contemporary newspapers, Whitman delivered the real cost of the war to the American people. We would have never anticipated that a causal reading of a biography of Walt Whitman would result in history repeating itself more than 140 years later. Discovering Whitman's writing at a time when Americans are fighting and dying overseas imbues his words with particular potency for us. Working on a military medical base, we daily saw the living reminders of the cost of war much as Whitman must have. As we researched the link between Whitman and these men, we were aware that, without Whitman, these four men would have remained pathological examples to be measured, examined, and analyzed. At best, they would have remained as an impersonal part of the collection of *mementos mori* of the bloodiest war of the American experience. However, this research allowed these four men to regain a part of their identity – their experiences in battle, their suffering, their histories are returned to them through Whitman's writing. Whitman's actions of caregiving and his associated words designate these specimens as touchstones for the personal nature of suffering during war. In holding these specimens, we literally touch four soldiers who experienced Whitman's kindness and endured the pain and ultimate sacrifice of war.

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Figure 1.
Walt Whitman circa 1863, from a portrait by Gardner. Courtesy of the Library of Congress from the Feinberg-Whitman Collection.

Figure 2.
'Field Day' Image courtesy of Otis Historical Archives, National Museum of Health and Medicine (CP 1043).

Figure 3.
The lower right thigh bone of Oscar Cunningham (1000755). Photograph courtesy of the National Museum of Health and Medicine.

Figure 4.
The upper right thigh bone of Oscar Wilbur (1000513). Photograph courtesy of the National Museum of Health and Medicine.

Figure 5.
The lower left thigh bone of Frank Irwin (1002803). Photograph courtesy of the National Museum of Health and Medicine.

Figure 6.
The two urinary calculi removed from John Mahay's bladder. The calculi have been sectioned (PS 2567). Photograph courtesy of the National Museum of Health and Medicine.

Figure 7.
Woodcut from the MSHWR of John Mahay's bladder showing fistule and fracture of the hip due to gunshot wound. Image courtesy of the National Museum of Health and Medicine (PS 1758).